

ACRODERMATITIS CHRONICA ATROPHICANS WITH ANETODERMA: AN UNUSUAL PRESENTATION IN A CHILD

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INTRODUCTION

- Lyme disease is a tick-borne zoonotic disease caused by the spirochaete, *Borrelia burgdorferi*.
- Acrodermatitis chronica atrophicans (ACA) is a late cutaneous manifestation of Lyme disease, commonly seen in adult population and rarely reported in children.

CASE HISTORY

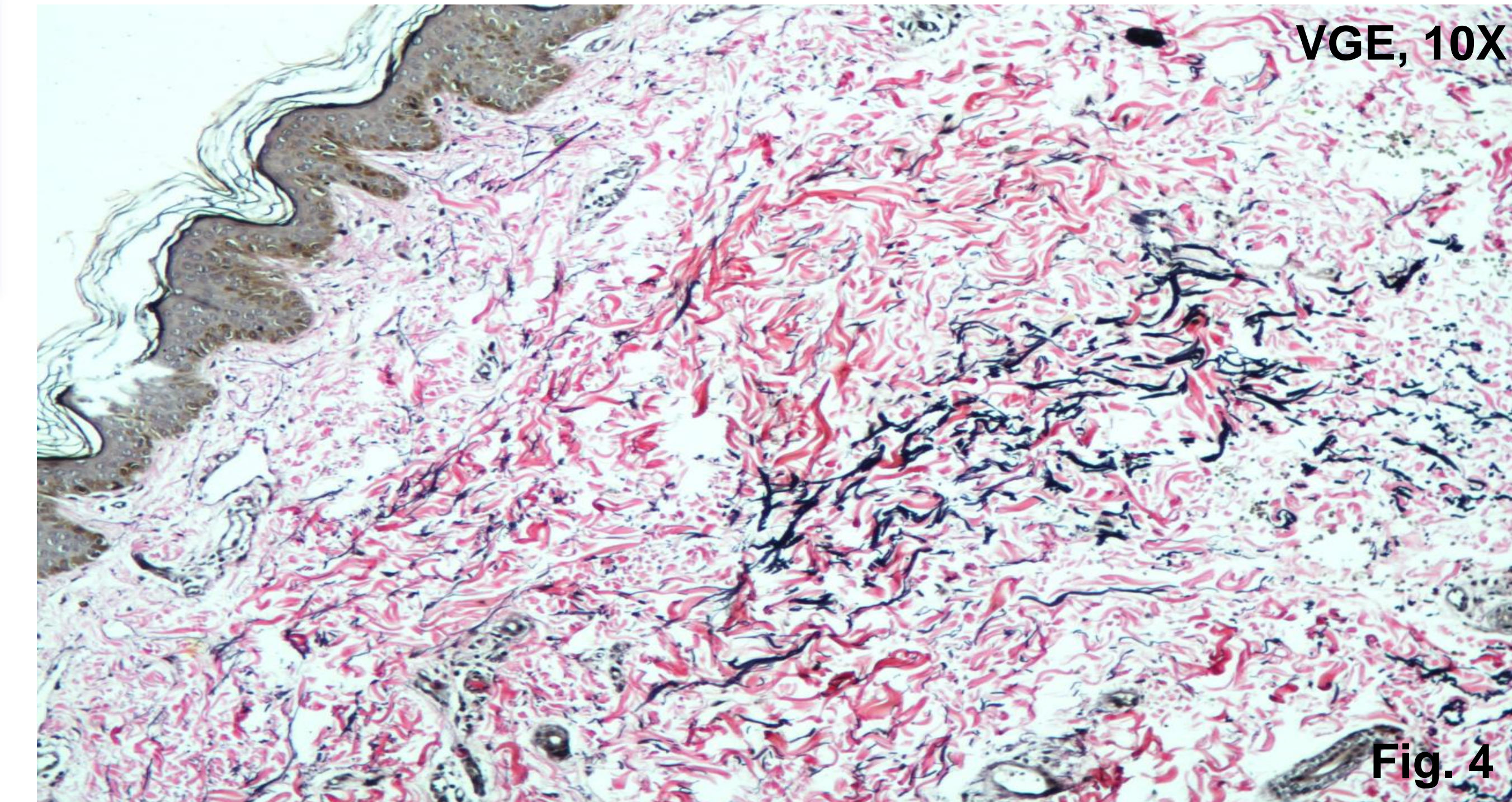
- An 8-year old girl presented with history of fever associated with appearance of multiple erythematous and skin-colored raised lesions 6 years back.
- These lesions resolved in 2 weeks, leaving behind atrophy, hyper- and hypopigmentation.
- No history suggestive of tick bite could be elicited.

CLINICAL EXAMINATION

- Multiple well defined, discrete and coalescent, skin-colored, round to oval, atrophic and barely elevated papules and plaques of variable sizes (0.5x0.5-4x5 cm) present over face, trunk, abdomen and both upper limbs (Fig.1).

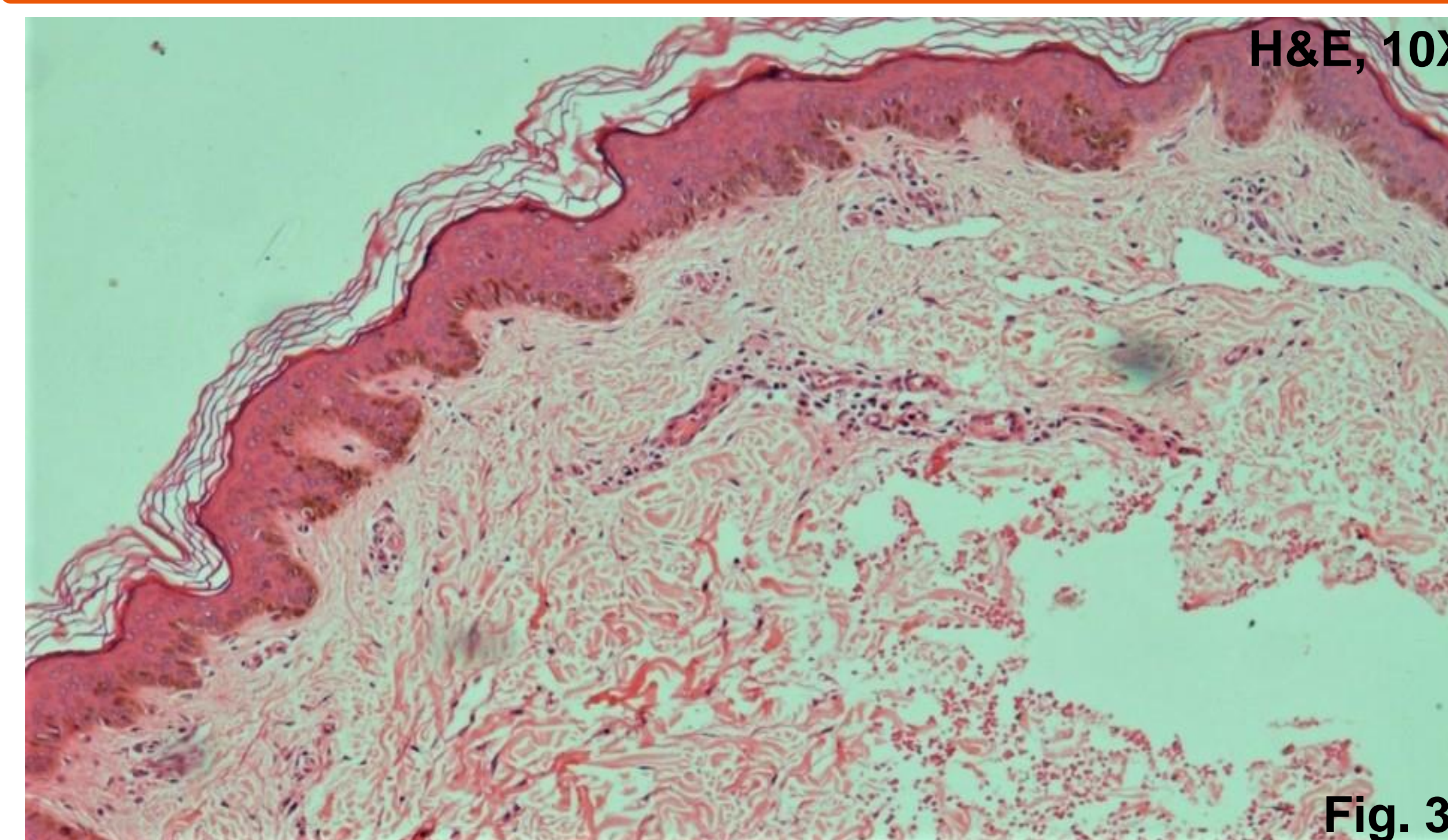
- Few annular plaques with central hypopigmentation and atrophy, broad hyperpigmented margin with honeycomb atrophy and raised edges present over bilateral thighs (largest being 14x8 cm in size) (Fig.2).
- There was no sensory loss or motor weakness.

| INVESTIGATION | RESULT |
|--|-------------------------------------|
| ESR | 31 mm/h (raised) |
| ANA | Negative |
| VDRL | Non-reactive |
| TPHA | Negative |
| APLA | Negative |
| <i>Borrelia burgdorferi</i> serology (ELISA) | Positive for IgG and IgM antibodies |



- VGE stain revealed fragmentation and reduction in number of elastic fibres in the dermis (Fig.4).
- Treatment: Amoxicillin 250 mg thrice a day for 3 weeks; repeat *Borrelia burgdorferi* serology after 4 weeks showed negative IgM with positive IgG antibodies.

HISTOPATHOLOGY



- HPE showed sparse mononuclear inflammatory infiltrate around blood vessels in upper and mid dermis (Fig.3).

CONCLUSION

- No case of ACA has been reported from India in the past.¹
- In our case the child had skin lesions of two morphologies; atrophic plaques over the extremities and face, and multiple anetoderma like lesions over the abdomen. Coexistence of ACA with anetoderma is very rare.²
- The ACA lesions in our case showed atypical morphology, with annular lesions having honeycomb atrophy at the margin, which has not been reported in the past.
- The prognosis of childhood ACA is very difficult to predict because of paucity of data.

REFERENCES

1. Vasudevan B, Chatterjee M. Lymes borreliosis and skin. Indian J Dermatol. 2013;58:167-74.
2. Trevisan G, Padovan C, Scaini MT, Cinco M, Floris R, Bonin S. Anetoderma associated with lymes disease: A case report. Acta Derm Venereol. 2008;88(5):536-8.

